

PERIODIC CASE REVIEW MONTHLY SUMMARY

Report only Title IV-E Administrative Reviews conducted with a facilitator

COUNTY NAME:	
ADMINISTRATIVE REVIEWS CONDUCTED DURING (MONTH/YEAR):	
ADMINISTRATIVE REVIEWS CONDUCTED AT 6, 18, 30 MONTHS	
Child's Name:	
DFPS Person ID#:	
Date of Review:	
Permanency Plan:	
Date of Permanency:	
Child's Name:	
DFPS Person ID#:	
Date of Review:	
Permanency Plan:	
Date of Permanency:	
Child's Name:	
DFPS Person ID#:	
Date of Review:	
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DFPS Person ID#:	
Date of Review:	
Permanency Plan:	
Date of Permanency:	
Child's Name:	
DFPS Person ID#:	
Date of Review:	
Permanency Plan:	
Date of Permanency:	
Completed By:	Date Submitted to TJJD:
Phone No.: ()	

PERIODIC CASE REVIEW MONTHLY SUMMARY

Report only Title IV-E Administrative Reviews conducted with a judge

COUNTY NAME:	
JUDICIAL REVIEWS CONDUCTED DURING (MONTH/YEAR):	
JUDICIAL REVIEWS CONDUCTED AT 6, 18, 30 MONTHS	
Child's Name:	
DFPS Person ID#:	
Date of Review:	
Permanency Plan:	
Date of Permanency:	
Child's Name:	
DFPS Person ID#:	
Date of Review:	
Permanency Plan:	
Date of Permanency:	
Child's Name:	
DFPS Person ID#:	
Date of Review:	
Permanency Plan:	
Date of Permanency:	
Child's Name:	
DFPS Person ID#:	
Date of Review:	
Permanency Plan:	
Date of Permanency:	
Child's Name:	
DFPS Person ID#:	
Date of Review:	
Permanency Plan:	
Date of Permanency:	
Child's Name:	
DFPS Person ID#:	
Date of Review:	
Permanency Plan:	
Date of Permanency:	
Completed By:	Date Submitted to TJJD:
Phone No.: ()	

PERIODIC CASE REVIEW MONTHLY SUMMARY INSTRUCTIONS

PURPOSE OF FORM

This form is used to document Title IV-E administrative reviews.

TIMEFRAME/DEADLINE

This form must be completed and submitted to the Texas Juvenile Justice Department (TJJD) by the 10th of the month for periodic reviews conducted during the previous month.

PROCESSING

This form is submitted to TJJD and forwarded to the Texas Department of Family and Protective Services (TDFPS).

NOTE

If you did not conduct an administrative review during the previous month, DO NOT submit a report for that month.

County Name

Enter the name of the juvenile probation department county, if a judicial district, enter the lead county.

Reviews Conducted During (Month/Year)

Specify the month and year for which you are completing this form.

Administrative reviews conducted (**WITH A FACILITATOR**) at 6, 18, 30 Months:

Complete this page if the reviews you conducted were administrative reviews conducted with a facilitator.

Administrative reviews conducted (**WITH A JUDGE**) at 6, 18, 30 Months:

Complete this page if the reviews you conducted were administrative reviews conducted with a judge.

Child's Name

Enter the child's full name (first, middle, last) for whom the review was conducted. Enter one child per row.

DFPS Person ID

Enter the number that was assigned to this child by DFPS and listed on the initial Foster Care Assistance Application Certification Worksheet (TJPC-FED-23-04).

Date of Review

Enter the date the review was conducted.

Permanency & Date

Enter the current permanency plan and date of permanency for the child.

Completed By

Print the name of the person who completed the form.

Date Completed

Enter the date (month/day/year) that the form was completed.

Phone

Enter the phone number, including area code, of the person completing the form.